

Issuer Review IRO Module User Manual

LOUISIANA DEPARTMENT OF INSURANCE
INDUSTRY ACCESS MODULE

Contents

Access the IRO Review Request Module 2

Create New IRO Review Request 3

 Contact Info..... 5

 Request Details 6

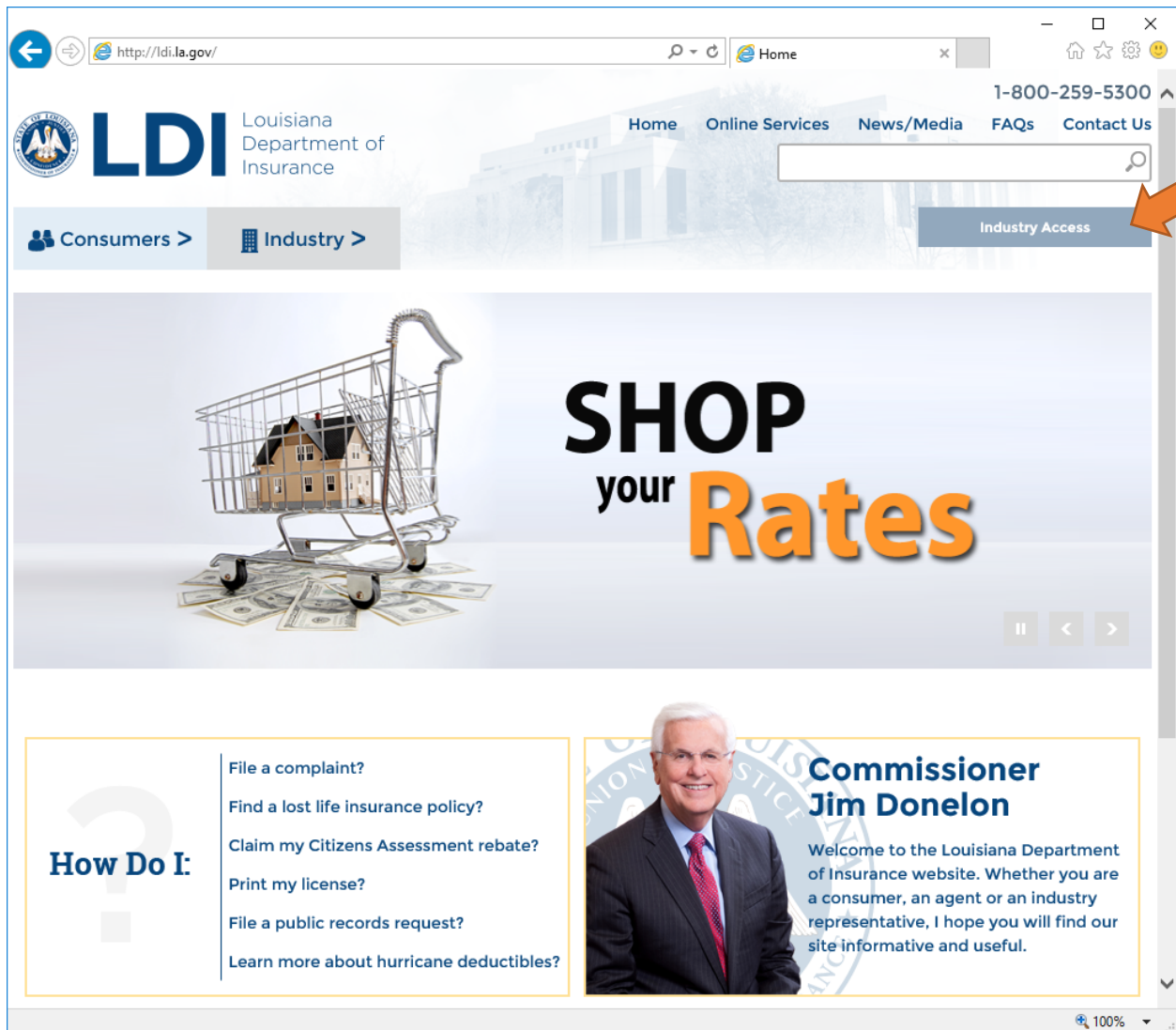
 Supporting Document(s)..... 8

View Requests..... 14

IRO Review

Access the IRO Review Request Module

The IRO Review module is accessed via the Industry Access Portal on the Louisiana Department of Insurance website: <http://www.lidi.la.gov/>



For instructions on how to sign up for the Industry Access Portal and request access to modules, please review the user manual and webinars posted on the Industry Access Log In screen:

<https://ia.lidi.state.la.us/industryaccess>

Create New IRO Review Request

The IRO Review Request Form contains an Existing Requests grid. The first time you enter the IRO Review module, the grid will be empty. As you enter IRO Review requests, they will populate in the grid.

To begin adding a request, first click the “Create New IRO Review Request” button.

http://iadev.idi.state.la.us/IROReview/InsurerRequest

LOUISIANA DEPARTMENT OF INSURANCE
IRO Review
1-800-259-5300
Commissioner James J. Donelon

This is a Test Company

IRO Review Request Form

Existing Requests

Filter by status:

+ Create New IRO Review Request

Case Number	Insured First Name	Insured Last Name	Assigned IRO	Status	Date Requested
No items to display					

10 items per page

Once you click the button, a blank external review request form will open. This form contains the following sections:

- Insured Contact Info
- Insured's Authorized Representative Contact Info
- Request Details
- Supporting Document(s)

http://iadev.idi.state.la.us/IROReview/InsurerRequest

LOUISIANA DEPARTMENT OF INSURANCE
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1-800-259-5300
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IRO Review Request Form

Insured Contact Info

First Name:

Last Name:

Address:

City:

State:

ZIP:

Primary Phone:

Alternate Phone:

Fax:

Email:

Insured's Authorized Representative Contact Info

First Name:

Last Name:

Address:

City:

State:

ZIP:

Primary Phone:

Alternate Phone:

Fax:

Email:

Contact Info

The fields in the Insured Contact Info section are required and must be filled out before you can submit the request. The fields in the Insured Authorized Representative Contact Info section are optional.

http://iadev.lidi.state.la.us/IROReview/InsurerRequest

IRO Review Request Form

LOUISIANA DEPARTMENT OF INSURANCE

IRO Review

1-800-259-5300

Commissioner James J. Donelon

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IRO Review Request Form

Insured Contact Info

First Name:

Last Name:

Address:

City:

State:

ZIP:

Primary Phone:

Alternate Phone:

Fax:

Email:

Insured's Authorized Representative Contact Info

First Name:

Last Name:

Address:

City:

State:

ZIP:

Primary Phone:

Alternate Phone:

Fax:

Email:

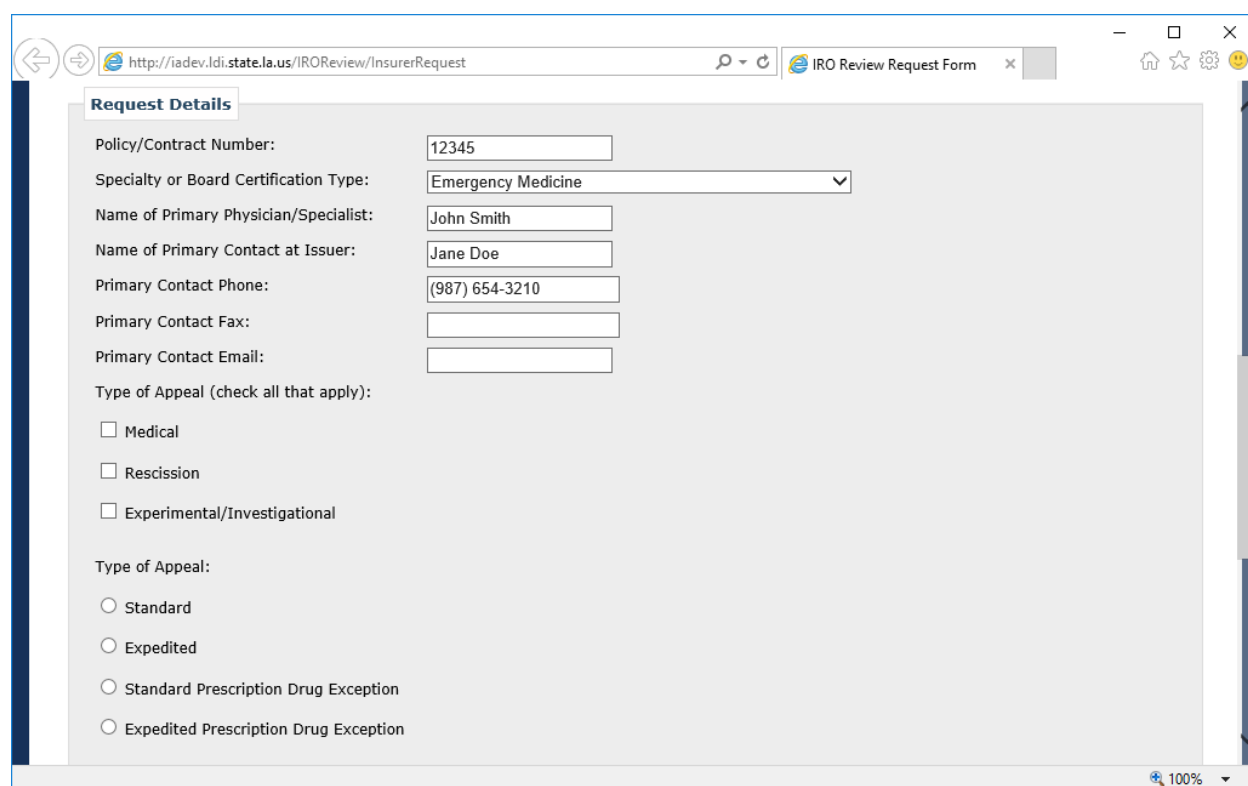
Request Details

The fields in the Request Details section are also required.

If the request for external review is for an expedited external review, select the "Expedited" option for "Type of Appeal." Prescription Drug Exception requests can also be standard or expedited.

If the request is being entered for informational purposes only, and/or you have determined the request is not eligible for review, check the box at the bottom of this section labeled "Please check here if this request is ineligible for external review."

Note: If you indicate that the request is ineligible for external review, you will be notified if the consumer files an appeal. You may be required to submit information related to an appeal of an eligibility determination to the LDI. You will also be notified of the commissioner's decision.



The screenshot shows a web browser window with the URL <http://iadev.lidi.state.la.us/IROReview/InsurerRequest>. The page title is "IRO Review Request Form". The "Request Details" section contains the following fields and options:

- Policy/Contract Number:
- Specialty or Board Certification Type:
- Name of Primary Physician/Specialist:
- Name of Primary Contact at Issuer:
- Primary Contact Phone:
- Primary Contact Fax:
- Primary Contact Email:
- Type of Appeal (check all that apply):
 - ☐ Medical
 - ☐ Rescission
 - ☐ Experimental/Investigational
- Type of Appeal:
 - ☐ Standard
 - ☐ Expedited
 - ☐ Standard Prescription Drug Exception
 - ☐ Expedited Prescription Drug Exception

Please note that if you indicate “Yes” for the question “Did a URO render the adverse determination that is the subject of this external review?” you will be required to select the URO from the dropdown below.

http://iadev.lidi.state.la.us/IROReview/InsurerRequest

IRO Review Request Form

Did a URO render the adverse determination that is the subject of this external review?

☒ Yes

☐ No

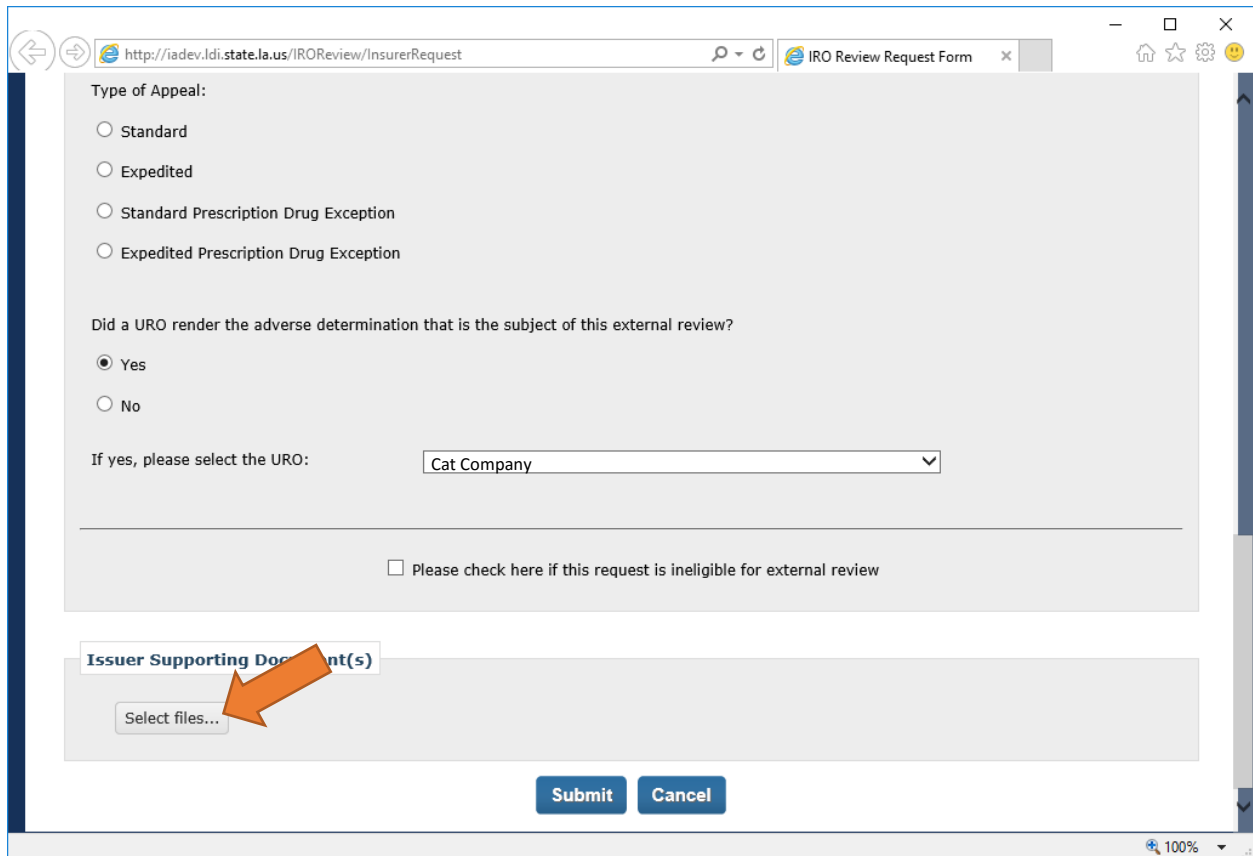
If yes, please select the URO: Cat Company

☐ Please check here if this request is ineligible for external review

100%

Supporting Document(s)

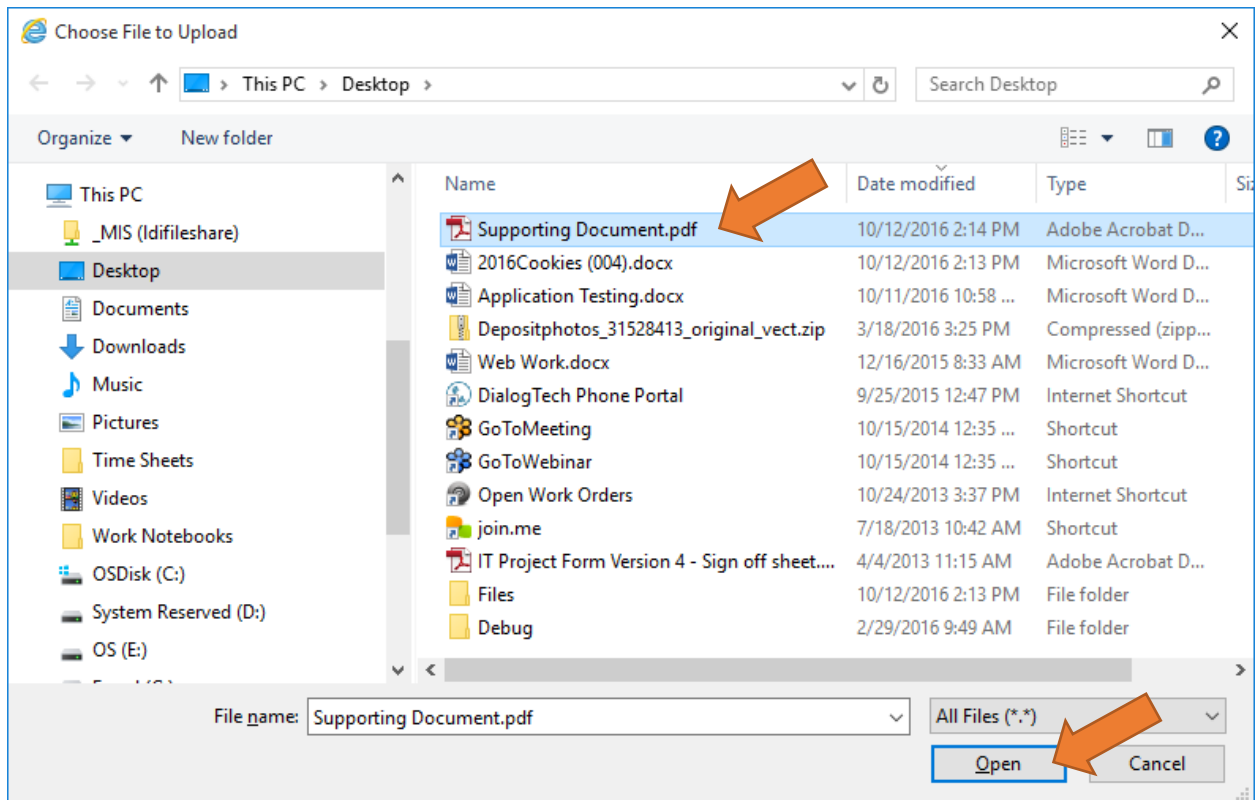
Supporting documentation is not required, but can be attached to your request via the Supporting Document(s) tool. To begin attaching a document, click the “Select Files...” button.



The screenshot shows a web browser window with the URL <http://iadev.idi.state.la.us/IROReview/InsurerRequest>. The page title is "IRO Review Request Form". The form contains the following sections:

- Type of Appeal:**
 - ☐ Standard
 - ☐ Expedited
 - ☐ Standard Prescription Drug Exception
 - ☐ Expedited Prescription Drug Exception
- Did a URO render the adverse determination that is the subject of this external review?**
 - ☒ Yes
 - ☐ No
- If yes, please select the URO:**
 - Cat Company (selected in a dropdown menu)
- ☐ Please check here if this request is ineligible for external review
- Issuer Supporting Document(s)**
 - Select files... (highlighted with an orange arrow)
- Submit** and **Cancel** buttons.

The Windows File Explorer will open. Select the document you wish to attach to the request and click the Open button.



The document will now appear in the Supporting Documents section. If this document was attached in error or if you wish to remove it, click the “x” icon and then add the correct document. You can also attach multiple documents using this tool.

http://iadev.idi.state.la.us/IROReview/InsurerRequest

IRO Review Request Form

Type of Appeal:

- ☐ Standard
- ☐ Expedited
- ☐ Standard Prescription Drug Exception
- ☐ Expedited Prescription Drug Exception

Did a URO render the adverse determination that is the subject of this external review?

☒ Yes

☐ No

If yes, please select the URO: Cat Company

☐ Please check here if this request is ineligible for external review

Issuer Supporting Document(s)

Select files... Done ✓

Supporting Document.pdf	100% x
-------------------------	--------

100%

Once you have finished filling in the fields, click the “Submit” button to submit your request. If you missed any required fields, you will be prompted to fill them in before you can submit your request.

http://iadev.lidi.state.la.us/IROReview/InsurerRequest

☐ Expedited
☐ Standard Prescription Drug Exception
☐ Expedited Prescription Drug Exception

Did a URO render the adverse determination that is the subject of this external review?

☒ Yes
☐ No

If yes, please select the URO: Cat Company

☐ Please check here if this request is ineligible for external review

Issuer Supporting Document(s) Cat Company

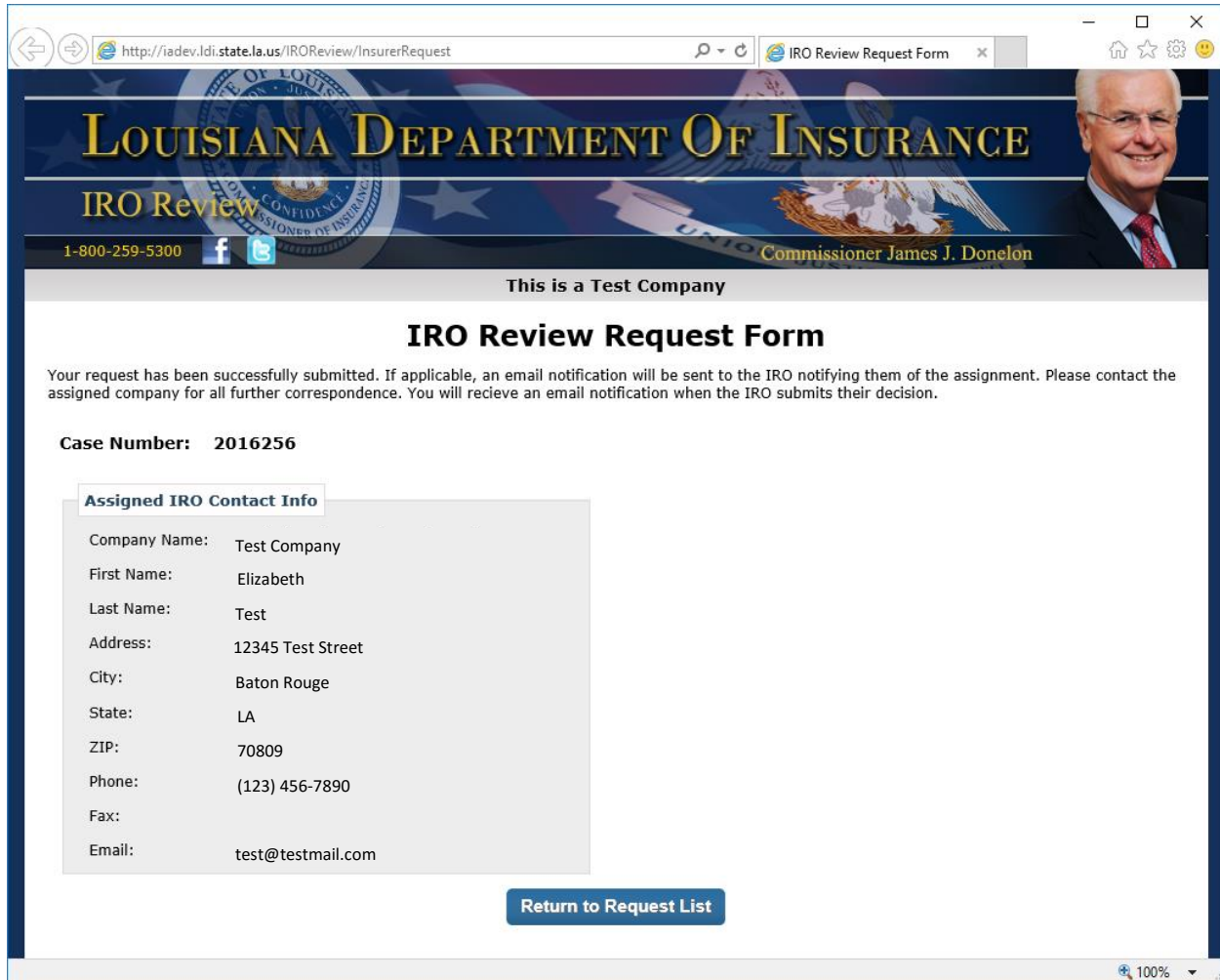
Select files... Done ✓

Supporting Document.pdf 100% ×

Submit **Cancel**

Once the request is successfully submitted, a random IRO assignment will be generated based on the specialty you selected. The screen will display the Case Number for your request, as well as the contact information for the assigned IRO.

Note: If the IRO has multiple contacts, they will be displayed on this screen.



The screenshot shows a web browser window with the URL <http://iadev.lidi.state.la.us/IROReview/InsurerRequest>. The page header features the Louisiana Department of Insurance logo and the text "LOUISIANA DEPARTMENT OF INSURANCE IRO Review". Below the header, it says "1-800-259-5300" and "Commissioner James J. Donelon". The main content area is titled "This is a Test Company" and "IRO Review Request Form". It states: "Your request has been successfully submitted. If applicable, an email notification will be sent to the IRO notifying them of the assignment. Please contact the assigned company for all further correspondence. You will receive an email notification when the IRO submits their decision." The "Case Number: 2016256" is displayed. A box titled "Assigned IRO Contact Info" contains the following details:

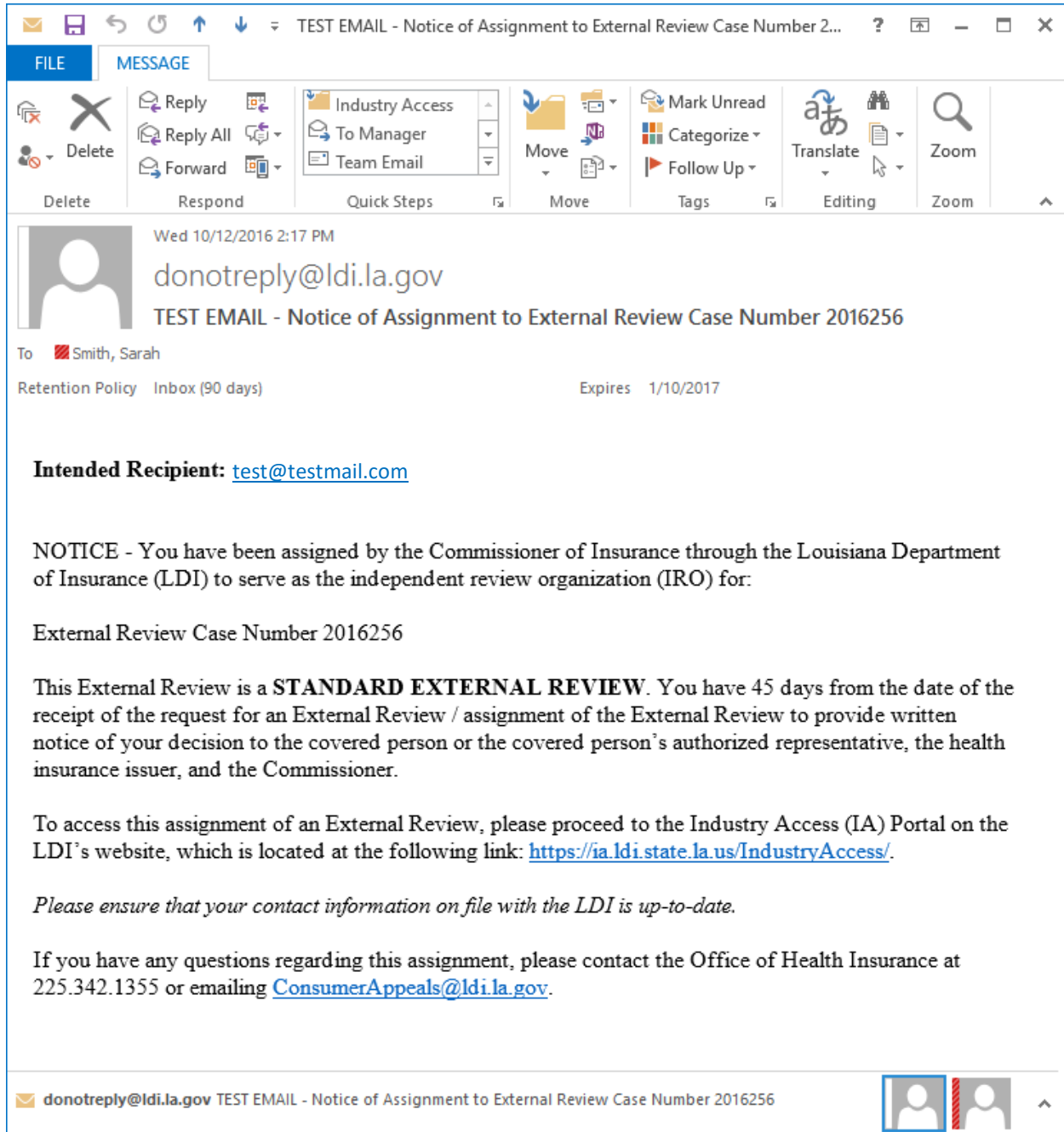
Company Name:	Test Company
First Name:	Elizabeth
Last Name:	Test
Address:	12345 Test Street
City:	Baton Rouge
State:	LA
ZIP:	70809
Phone:	(123) 456-7890
Fax:	
Email:	test@testmail.com

At the bottom of the box is a "Return to Request List" button. The browser window also shows a "100%" zoom level at the bottom right.

An email will be sent to notify the IRO of the assignment.

An email will also be sent to your company's IRO Review contact with the Case Number.

Note: If your company has not entered an IRO Review contact in Industry Access, the email will be sent to your company's Primary contact.



View Requests

To enter a new request, or view the request you have entered, click the “Return to Request List” button.



IRO Review Request Form

https://iadev.Idi.state.la.us/IROReview/InsurerRequest#

LOUISIANA DEPARTMENT OF INSURANCE

IRO Review

1-800-259-5300

Commissioner James J. Donelon

This is a Test Company

IRO Review Request Form

Your request has been successfully submitted. If applicable, an email notification will be sent to the IRO notifying them of the assignment. Please contact the assigned company for all further correspondence. You will receive an email notification when the IRO submits their decision.

Case Number: 201464

Assigned IRO Contact Info	
Company Name:	Test Company
First Name:	Elizabeth
Last Name:	Test
Address:	12345 Test Street
City:	Baton Rouge
State:	LA
ZIP:	70809
Phone:	(123) 456-7890
Fax:	
Email:	test@testmail.com

[Return to Request List](#)

The request you submitted will now appear in the Existing Requests grid. The grid will display the Case Number, Insured First Name, Insured Last Name, Assigned IRO, Status, and Date Requested for the case.

If you have entered more than one request, you can sort them by clicking the headers in the grid, or filter them by selecting an option in the “Filter by status” dropdown box. Status options include:

- Pending: The request is awaiting IRO decision.
- Partial: The IRO partially reversed the issuer's decision.
- Upheld: The IRO’s decision upholds the issuer’s decision.
- Reversed: The IRO’s decision reverses the issuer’s decision.
- Ineligible per Issuer: The request was submitted for informational purposes only and is not deemed eligible for review.

http://iadev.idi.state.la.us/IROReview/InsurerRequest

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IRO Review
1-800-259-5300
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This is a Test Company

IRO Review Request Form
Existing Requests

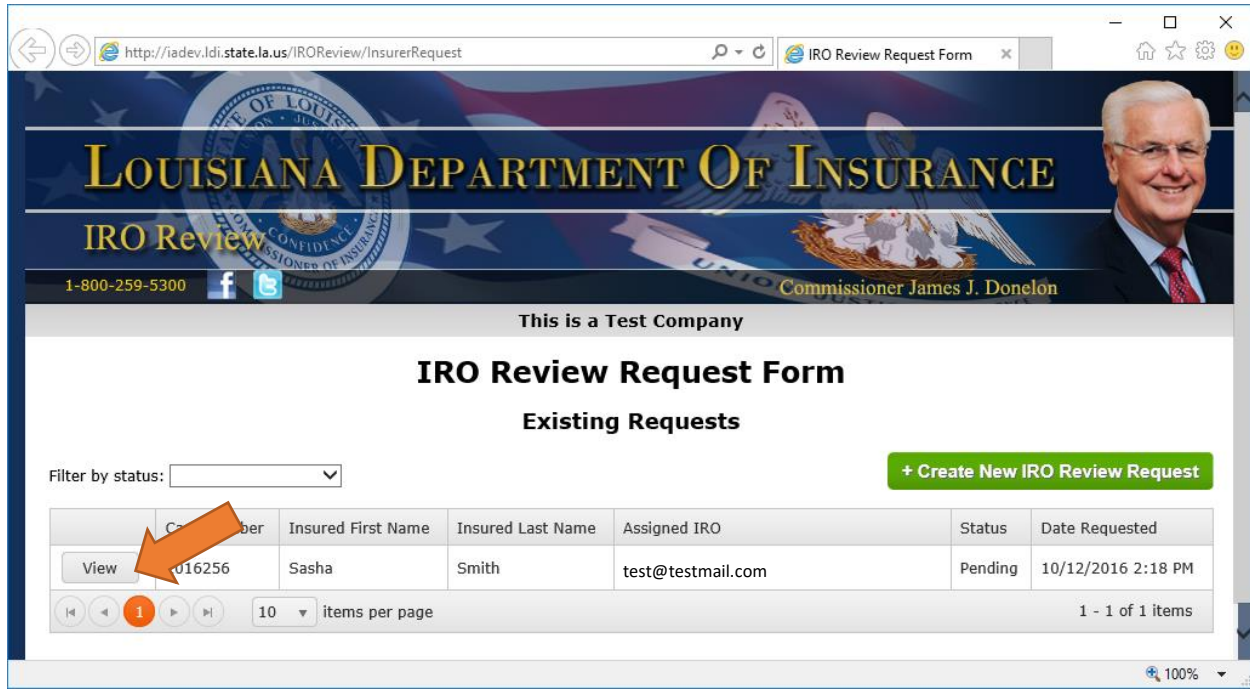
Filter by status: Pending, Upheld, Reversed, Ineligible Per Issuer

+ Create New IRO Review Request



First Name	Insured Last Name	Assigned IRO	Status	Date Requested	
2016256	Sasha	Smith	test@testmail.com	Pending	10/12/2016 2:18 PM

View 10 items per page 1 - 1 of 1 items

To view the full details of a request, click the “View” button.



LOUISIANA DEPARTMENT OF INSURANCE
IRO Review

1-800-259-5300   Commissioner James J. Donelon

This is a Test Company

IRO Review Request Form

Existing Requests

Filter by status:

[+ Create New IRO Review Request](#)

Company Number	Insured First Name	Insured Last Name	Assigned IRO	Status	Date Requested
016256	Sasha	Smith	test@testmail.com	Pending	10/12/2016 2:18 PM

10 items per page 1 - 1 of 1 items

The details of the request will load. Please note that these fields are view-only and that you will not be able to edit any of the fields on this form.

http://iadev.lidi.state.la.us/IROReview/InsurerRequest# IRO Review Request Form

This is a Test Company

IRO Review Request Form

Existing Requests

Filter by status:

[+ Create New IRO Review Request](#)

	Case Number	Insured First Name	Insured Last Name	Assigned IRO	Status	Date Requested
View	2016256	Sasha	Smith	test@testmail.com	Pending	10/12/2016 2:18 PM

10 items per page

1 - 1 of 1 items

Case #: 2016256

Assigned IRO Contact Info

Company Name: Test Company

First Name: Elizabeth

Last Name: Test

Address: 12345 Test Street

City: Baton Rouge

State: LA

ZIP: 70809

Phone: (123) 456-7890

Fax:

Email: test@testmail.com

Insured Contact Info

First Name:

Last Name:

Address:

Insured's Authorized Representative Contact Info

First Name:

Last Name:

Address: